

UTILITY PATENT APPLICATION TRANSMITTAL <small>for new nonprovisional applications under 37 CFR 1.53(b)</small>		Attorney Docket No. 218203US0
		First Inventor or Application Identifier Akihiro YOKOYAMA, et al.
		Title OLIGONUCLEOTIDE FOR DETECTING SALMONELLA AND METHOD OF DETECTING SALMONELLA
		Assignee Name: TOSOH CORPORATION Assignee Address: 4560, Kaisei-cho, Shinnanyo-shi, Yamaguchi-ken, 746-8501 Japan
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		
2. <input checked="" type="checkbox"/> Specification Total Sheets 28		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 5		
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3		
a. <input checked="" type="checkbox"/> Newly executed (original)		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b)</small>		
<input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)		
<input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification or Sequence Listing on :		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input checked="" type="checkbox"/> Paper (10 pages)		
c. <input type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: <i>Prior application information:</i> Examiner: Group Art Unit: *		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts		
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed		
19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220		

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	1/16/02
Name:	C. Irvin McClelland	Registration Number:	21,124

Docket No. 218203US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Akihiro YOKOYAMA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: OLIGONUCLEOTIDE FOR DETECTING SALMONELLA AND METHOD OF DETECTING
SALMONELLA

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	12 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	× \$84 =	\$84.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$280.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$740.00
			TOTAL OF ABOVE CALCULATIONS	\$1,104.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$1,144.00

- Please charge Deposit Account No. 15-0030 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.
 A check in the amount of \$1,144.00 to cover the filing fee is enclosed.
 The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland
Registration Number 21,124



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/01)